

From: TILLEY & CALLAHAN, PA, CPA's 904 730 7090

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90161 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


40094473



04302008 Chg-P CR2E034 (12/06)

4. FEI Number
24-1316501
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P07000118348 1. Entity Name ETHRIDGE EXCAVATING & UTILITIES, INC	
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Principal Place of Business 542749 US HIGHWAY ONE CALLAHAN, FL 32011 US	Mailing Address 542749 US HIGHWAY ONE CALLAHAN, FL 32011 US
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2. Principal Place of Business - No P.O. Box # 542749 US Hwy 1 Suite, Apt. #, etc.	3. Mailing Address 542749 US Hwy 1 Suite, Apt. #, etc.
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City & State Callahan, FL	City & State Callahan, FL
Zip 32011	Country Nassau
Zip 32011	Country Nassau

6. Name and Address of Current Registered Agent TILLEY & CALLAHAN, PA, CPA'S 4465 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Ethridge Michael Ethridge 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ETHRIDGE, MICHAEL 542749 US HIGHWAY ONE CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Ethridge Michael Ethridge 4-30-08 904-879-0349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #